



Survey of Offender Residential Programs



Facility Name: _____
Contact Name: _____ Title: _____
Facility Address: _____ City: _____ Zip: _____
Telephone #: _____ Mobile #: _____ Fax #: _____
Email Address: _____

Minimum Standards for Residential Programs:

- Program must meet all local fire and housing codes
- Program must fully complete the attached survey to be considered
- If treatment program, program must describe the treatment available as well as the treatment providers credentials
- Program must list all amenities included in cost to offender (i.e. food, transportation, etc)
- Program must have a house manager on the premises 24 hours a day, seven days a week. The house manager cannot currently be under the supervision of any agency (i.e. TN Board of Probation and Parole, County Probation, Federal Probation, Community Corrections, etc).
- The Owner/Director of the program cannot currently be under the supervision of any agency (i.e. TN Board of Probation and Parole, County Probation, Federal Probation, Community Corrections, etc).
- All recommendations and complaints will be taken into consideration when considering programs for approval. The same applies for consideration to remove any program from the Tennessee Board of Probation and Parole approved list.
- All programs subject to investigation by an employee of the Board of Probation and Parole. Approval is based upon the officer's recommendation, as well as the responses provided on this survey.

1. Describe Pre-Screening Process and Method of Recruitment.

2. Application for Residency.

3. Ineligible Offenders.

4. Length of Stay.

5. Payment for Residency. (Please specify the deposit amount. If any of the deposit is non-refundable, please state.)

6. Geographic Area.

7. Treatment Programs.

8. Offender Accountability (Program Structure)

9. Notification of Dismissal.

10. Grounds for Dismissal.

11. Sharing of Information with Probation and Parole Officer.

12. Medical Needs of Offender.

13. Secular Counseling or Treatment.

14. Transportation for Offenders.

15. Primary Focus of Residential Program.

- | | |
|--|--|
| <input type="checkbox"/> Work-oriented | <input type="checkbox"/> Transition |
| <input type="checkbox"/> Bed and Board- (amount monthly) | <input type="checkbox"/> Male Only |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Female Only |
| <input type="checkbox"/> Mental Health/MR | <input type="checkbox"/> Mixed Sexes |
| <input type="checkbox"/> A&D | <input type="checkbox"/> Temporary Shelter |

16. Communicable Health Related Policy.

17. Security (Employees on Duty, Curfews, Travel, Passes).

18. Disciplinary (Breach of Program Rules)

19. Employment of Offenders.

20. Board of Directors/Sponsorship.

21. Program Funding.

22. Physical Location of Facility – Describe Where Facility is Located.

(Example: Near Schools, Churches, Hospitals, Bus Lines, Day Care Centers, etc.)

23. Volunteer Boards/Volunteer Activity.

24. How Long Has Program Been Established?

Prepared By:

Date: